

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002591

FILED
Jun 22, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA LEADERSHIP ACADEMY, INC.

Current Principal Place of Business:

390 NORTH ORANGE AVE SUITE 2200
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

390 NORTH ORANGE AVE SUITE 2200
ORLANDO, FL 32801

New Mailing Address:

POST OFFICE BOX 1549
ORLANDO, FL 32802

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LITCHFORD, HAL K
390 NORTH ORANGE AVE SUITE 2200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LITCHFORD, HAL K
390 NORTH ORANGE AVE
SUITE 2200
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HAL K. LITCHFORD

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LITCHFORD, JODY M
Address: 1003 RIDGECREST ROAD
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: WILSON, JEAN E
Address: 450 SOUTH ORANGE AVE SUITE 650
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: LITCHFORD, HAL K
Address: 390 NORTH ORANGE AVE SUITE 2200
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL K. LITCHFORD

D

06/22/2009

Electronic Signature of Signing Officer or Director

Date